

TOWN OF ISLIP
OFFICE OF HUMAN DEVELOPMENT
Annual Black History Celebration

Please review the categories listed below and use the enclosed nomination form to submit the name of a person you believe has made an *outstanding contribution in their field*.

CATEGORY	DESCRIPTION
Business	Business Owner, Manager or Employee
Communications/Media	Radio, Television, Newspaper/Publications, or Graphics
Community Service Volunteer	A volunteer in any community organization (unpaid position)
Community Service Professional	Professional or Paraprofessional (Paid position, i.e. Social Worker)
Design	Art, Fashion, Interior and Landscape Design/Architect
Education	Educator or Administrator in a public or private learning institution
Health Care Provider	Nurse, Pharmacist, Nutritionist, Psychologist, Physical/Occupational, Respiratory Therapist, Midwife or Physician's Assistant
Law	Judiciary, Attorney or Paralegal Professional
Law Enforcement	Police, Court or Peace Officer
Medicine	Physician, Dentist or Veterinarian
Military	Active/Retired or Active Reserve Member of the US Armed Forces
Religion	Clergy, Religious Instructor/Administrator or Volunteer
Science	Scientist or any Professional in the field of Science (i.e Physicist, Chemist, Biochemist, Biologist, Physiologist)
Sports	Athlete, Athletic Director, Coach or Sports Trainer
Technology	Computer Professional, Technician or Support Staff
Visual & Performing Arts	Theater, Dance, Music, Art or Literature (Artist, Sculptor, Vocalist)

Town of Islip
Division of Human Development

**2009 BLACK HISTORY CELEBRATION
AWARD NOMINATION FORM**

Award Category _____
(See Award Category List on this website)

Nominee _____

Title/Position _____ Organization _____

Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

Nominated By _____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

For nominee to be considered, you must submit ONE packet which includes all of the following:

- 1) A completed Nomination Form**
- 2) A professional/ personal resume of nominee**
- 3) Two (2) letters of recommendation from associates or colleagues**
- 4) A brief personal biography of nominee**

Nominations should be mailed to: Town of Islip
Office of Human Development
401 Main Street
Islip, New York 11751

Or E-mail to HSHD@townofislip-ny.gov

Nominations must be received by November 28, 2008

For further information please call (631) 224-5325

Town of Islip
Division of Human Development

**2009 WOMEN'S HISTORY CELEBRATION
AWARD NOMINATION FORM**

Award Category _____
(See Award Category List on this website)

Nominee _____

Title/Position _____ Organization _____

Address _____

Phone (Home) _____ (Work) _____ (Cell) _____

Nominated By _____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

For nominee to be considered, you must submit ONE packet which includes all of the following:

- 1) A completed Nomination Form**
- 2) A professional/ personal resume of nominee**
- 3) Two (2) letters of recommendation from associates or colleagues**
- 4) A brief personal biography of nominee**

Nominations should be mailed to: Town of Islip
Office of Human Development
401 Main Street
Islip, New York 11751

Or E-mail to HSHD@townofislip-ny.gov

Nominations must be received by December 15, 2008

For further information please call (631) 224-5325